

**EIGHTH JUDICIAL TREATMENT COURT DRUG COURT
FINAL PROCESS EVALUATION**

Corey Campbell
Drug Court Evaluator

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Process Evaluation Executive Summary

The process study was designed to examine the implementation and status of the Eighth Judicial District Treatment Court (8JDTC). This process evaluation was part of the outcome, cost-avoidance and process evaluations undertaken by the Treatment Court to describe the program and its functioning. Four process evaluations have been conducted during the three years of Treatment Court Operation. This final process evaluation study included information collected from three previous evaluations based on four data collection components: (1) Three rounds of Team Member surveys; (2) one participant focus group and survey; (3) multiple courtroom and operations Team observations; and (4) ongoing analysis of data from the MIS system.

The major findings of the study are as follows:

- While the Court experienced a number of challenges during its operation, observation from the evaluator, information from the MIS database as well as Team Member surveys indicated many of these issues have been resolved or partly resolved, resulting in a changing and improving Treatment Court program.
- The Eighth Judicial Treatment Court had a high degree of Team integration and commitment, which was one of its strengths. The 8JDTC has managed to effectively synchronize alcohol/drug treatment services with the justice case processing system. The success of this program was dependent on the constant “give and take” of the Team that replaced the traditional adversarial system. Each participating agency has been committed to Treatment Court, and was willing to commit resources and time to the Treatment Court program.
- The 8JDTC’s Judge's role was critical to each Treatment Court participant's success. The Judge took pride and ownership of the Treatment Court Program and developed a positive judicial relationship with the participants.
- In terms of treatment, it is important to understand each participant's needs and advocate for services that provide participants with what they need to succeed. When noncompliance occurs, it is important to focus on whether the noncompliance is a treatment issue – e.g., need for different or more appropriate treatment -- as opposed to a compliance issue. The questions that must be asked are: Is treatment not working, and if not, why not? Or if it isn’t treatment related: Why is the participant not complying with Treatment Court and what can the treatment services providers in partnership with the criminal justice agencies do to assist the participant in succeeding in Treatment Court? All staff either in corrections or in treatment services must understand the connection and how collaboration and an understanding of why a participant did not comply with the requirements of the program impacts the entire system. A dichotomy relating to treatment and sanctioning cannot exist between the treatment service providers or correction institutions or Treatment Court will not successfully move participants through the program.

- The Treatment Providers were focused on rehabilitation, but recognized that relapse was part of recovery. The Treatment Court Team should work closely with the Treatment Providers and accept the premise that relapse is part of recovery. Although the Team should respond quickly and productively to noncompliance, the whole Team must understand that relapse is part of recovery and sanctions should not be administered that will be detrimental to the participant's overall treatment process. Sanctions in Treatment Court should exemplify negative reinforcement, and not punishment, which should focus on increasing desirable behavior rather than on decreasing undesirable behavior¹.
- Participants were enrolled in treatment services almost immediately upon entering Treatment Court, less than 7 days, which often times is not the case with other drug courts. Both Treatment Agencies should be commended for their commitment to Treatment Court as both had long waiting lists, yet both had identified Treatment Court as a priority.
- The Eighth Judicial Treatment Court provided a continuum of drug and alcohol treatment services. A variety of treatment services were available to Treatment Court participants throughout the program
- The number of drug tests administered to 8JDTC and the drug testing schedule was very similar to other drug courts. The Treatment Court Team was also able to respond to a drug testing challenge (i.e. concern that alcohol use was not effectively monitored) in a way that was most effective based on efficacy of the testing methods and resources within the community.
- The Team had developed a standardized response to noncompliance and compliance. This response was based on a continuum of behaviors, as well as the participant's phase, and was outlined in the policy and participant manuals. The magnitude of the sanction or incentive was proportional to the precipitating incident and the participant's behaviors. The Team, however, maintained discretion to administer other effective sanctions or incentives that were not included in the policy and participant manual, if an additional sanction or incentive was more appropriate for a participant. The Team realized sanctions and incentives may have completely different effects depending upon the situation and offender.
- The Team was able to incorporate training and educational opportunities into their program to stay up to date on best practices and emerging treatment and drug court trends and principles
- The Treatment Court Team Members were program advocates and utilized their community leadership roles to create interest and develop support from their individual agencies as well as outside agencies for the program. The Case

Manager and Treatment Providers referred Treatment Court participants to many outside organizations for services.

- The Eighth Judicial District Treatment Court Team utilized their graduation, cost-avoidance, and recidivism and process evaluation results to educate the Montana Legislature about the effectiveness of Treatment Courts in Montana. During this session, approximately \$1.34 million was appropriated to provide state funding to all of Montana's existing drug courts as many Montana drug courts will continue to lose their federal grant funding and need additional funding to continue providing their services.

To continue to operate effectively the Treatment Court program should continue to incorporate the following components into their Treatment Court Program

- The Team should continue to promote effective communication within the Treatment Court Team. Although, merging the alcohol/drug treatment services with the justice case processing system can be a challenge, it requires continuous commitment and determination on the part of the professional team involved. Each agency must remain committed to the Treatment Court program and continue to maintain clear effective, open, and honest lines of communication.
- The Public Defense Attorney (DA) and the County Attorney's Office (CAO) should continue to promote public safety while protecting each participant's due process in respect to their own agency. Each agency must remain committed to Treatment Court, and commit resources and time to the Treatment Court program. The Team should continue to look for ways to increase referrals and enrollment in the Treatment Court Program.
- The Team should continue to focus on decreasing the length of time from referral to enrollment into the Treatment Court Program.
- The Team should advocate for increased family participation and reporting of family service utilization offered through Treatment Service Providers in the 8JDTC.
- The Team should continue to use and research the most effective alcohol and drug detection methods to promote abstinence. Additionally, the Team should continue to work with Treatment Providers to help participants cope and treat their addiction.
- The Team should continue to utilize creative and rewarding incentives as a tool for reinforcing good behavior. Based on information from the process evaluation surveys, participants believed the sanctions and incentives were effective and fair. Participants identified positive recognition, phase advancement and reinforcement from the Judge as the most effective incentives.

- The Team should also continue to utilize sanctions that may deter participants from not complying with Treatment Court. Although participants report that jail time was the sanction he/she 'liked the least', it was also identified as the most effective sanction. It has also been identified as one of the largest deterrents of "using again" as many participants have voiced their concerns about 'the high likelihood of getting caught' and getting with punished with jail time and potentially demoted or delayed in the Treatment Court process.
- The Judge should continue to develop a working relationship with each participant, monitor their progress, and address personal and ancillary issues without losing the aura of judicial authority.
- The Team should continue to incorporate training and educational opportunities into their program to stay up to date on best practices and emerging treatment and drug court trends and principles.
- The Team should continue to monitor and track participants as they enter Treatment Court and progress through the program. Although the data that is collected does not need to be as in-depth as it has been over the past three years, it is still important to monitor the key components of Treatment Court, drug use, compliance, citations, criminal history, etc., to identify trends that may assist in improving the program if needed. The Team has incorporated an online database to track participant progress, the Team should work out the 'kinks' in this database and incorporate it as not only a weekly staffing tool but an easy way to evaluate the overall progress of the program.
- The Team should continue to form linkages with community groups to highlight and provide the public with information about the effectiveness of Treatment Court in the community. Conversely, the Treatment Court Team should stay informed about available community services and local problems. This will be very important when the 8JDTC will experience reduced funding from their federal grant and community members may be able to provide reduced or low cost time and materials to assist in maintaining program operations.

Eighth Judicial District Treatment Court Process Evaluation

The process study was designed to examine the implementation and status of the Eighth Judicial District Treatment Court (8JDTC). This process evaluation was part of the outcome, cost-avoidance and process evaluations undertaken by the Treatment Court to describe the program and its functioning.

Process Study Methodology

Four process evaluations have been conducted during the three years of Treatment Court Operation. This final process evaluation study included information collected from three previous evaluations based on four data collection components: (1) Three rounds of Team Member surveys; (2) one participant focus group and survey; (3) multiple courtroom and operations Team observations and (4) ongoing analysis of data from the MIS system.

The Team Member surveys were conducted throughout Treatment Court on three separate occasions. The surveys allowed the evaluator to gather detailed information from Team Members about specific components of Treatment Court relating to implementation, operations, challenges, and strengths of the program. Additionally, the evaluator conducted interviews and meeting with Team Members, on an as-needed basis, to developed a better understanding of the Treatment Court process

The participant focus group and surveys provided data on participant experiences and were conducted midway through Treatment Court. Additionally, as each participant graduated from the program, he/she completed an exit survey. The surveys contained information pertaining to the Treatment Court process, asked participants to identify strengths and weaknesses of the Treatment Court Program from their perspective, and

also asked about the working relationships developed with Team Members during the Treatment Court process.

Courtroom and staffing observations completed the understanding of 8JDTC operations and was ongoing through Treatment Court on a monthly basis. The evaluator attended the weekly staffing on a monthly basis and observed the operations and interactions between the Team Members, as well as with the Treatment Court participants.

The MIS database used hard data to determine if Treatment Court was progressing towards meeting the predefined defined goals and objectives. Occasionally, data from the MIS system would indicate trends, both positive and negative, within the Treatment Court and the evaluator would discuss these trends with the Team. Additionally, data from the MIS was compared to other treatment and drug courts data to determine if 8JDTC was similar to other treatment and drug courts. The database could also be queried on an as-needed basis if the evaluator or Team Members had specific questions related to Treatment Court Program.

Each of these data collect components was used to evaluate the overall process and progress of the Eighth Judicial Treatment Court. *The Ten Key Components of Drug Courts* (developed by the National Association of Drug Court Professions in 1997) served as a framework for this process evaluation as each of the components have been determined to be critical to the successful operation of treatment and drug court programs. The evaluator tracked how each of the components related to the Eighth Judicial Treatment Court Program and are discussed below in more detail below.

Ten Key Components of Drug Courts

Component 1: Drug/Treatment Courts integrate alcohol and other drug treatment services with justice system case processing.

The Eighth Judicial Treatment Court had a high degree of Team integration, which was one of its strengths. The 8JDTC has managed to effectively synchronize alcohol/drug treatment services with the justice case processing system. The success of this program was dependent on the constant “give and take” of the Team rather than the traditional adversarial system.

This integration of treatment and justice systems was confirmed on multiple occasions when the evaluator was able to observe how the Team Members responded to controversy. The Team was made up of members from many different agencies, from both the criminal justice and treatment systems, and with varying perspectives. The Team worked in a dynamic, compassionate, yet respectful ways, and was always able to communicate and come to a consensus that best fit each participant, with respect to each Team Members professional opinions. If the Team was split on a decision, the Judge was the ultimate decision maker; however, in most incidences the Judge would not make a final decision unless he knew a majority of the Team was comfortable with the decision.

In addition, outside of weekly staffing, frequent communication and input from Team Members allowed the Treatment Court to act quickly and effectively when problems arose. This was something that developed as the Treatment Court program progressed and learned how to respond to the emerging needs and challenges of the program. For example, about midway through the Treatment Court Program, the Team decided to sanction participants immediately for a positive drug test, rather than at the

weekly staffing. Once this program decision was made, the Team quickly defined and carried out the methodology for communicating the positive tests from the Pre-Release Center, where the drug tests were conducted, to the people who needed to know, (the Judge, Department of Corrections, Sheriffs office, Case Manager, Probation Officer) to sanction the participant correspondingly.

As with other treatment and drug court programs, one of the primary challenges 8JDTC had to face was Team Member turnover. Although this has caused a few shifts in Team Member duties, all of the agencies who make up the Treatment Court were committed to the program and provided alternative team members to replace the vacancies.

Additionally, on a few occasions throughout Treatment Court, the Team had challenges with attendance at weekly staffing, as each Team Member had other additional duties associated with their agency in addition to his/her duties at Treatment Court. Often times, key individuals from certain agencies needed to be present at the weekly staffing for the Team to progress through the weekly staffing process. The Judge and Administrator addressed this on multiple occasions and made it clear that unless attendance was absolutely not feasible, each agency must keep Treatment Court as a priority and staff must show up to represent their agency at Treatment Court.

The Team should continue to promote effective communication to ensure participants are well served and the program can effectively carry out the Treatment Court goals. Although, merging the alcohol and drug treatment services with the justice case processing system can be a challenge, this requires continuous commitment and determination on the part of the professional staff involved. Each agency must remain

committed to the Treatment Court program and continue to maintain clear effective, open, and honest lines of communication.

COMPOSITION OF TREATMENT COURT	
Other Courts	8JDTC
<p>Typically</p> <ul style="list-style-type: none"> • Drug/Treatment Court Administrator • A Judge • A County Attorney Representative • Defense Counsel • A Treatment Representative • A Representative from Law Enforcement • A Parole Officer • Evaluator/Researcher-which sometimes is the Case Manager or the Drug/Treatment Court Administrator 	<p>In addition to all the Team members listed on the left</p> <ul style="list-style-type: none"> • Both the Sheriff's and Police Departments, • Representative from Pre-release • Representation from multiple Treatment Providers, • Two additional personnel from the Judge's office, • And occasionally two representatives from the County Attorney's Office • Case Manager • Native American Liaison <p>The 8JDTC evaluator does not attend all weekly staffings as some Treatment Court evaluators do, however, the evaluator does remain in contact each Team Member on a regular basis.</p>
<p>On Average 12 Team Members attend weekly staffings Maximum =14; Minimum 8 *, **, *** *Since April 2005, ** When Administrator was present ***Not taking into account those Team Members who did not attend the entire staffing: i.e. leave early, attend late)</p>	

Table 1: COMPOSITION OF TREATMENT COURT

Component 2: Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.

Based on observation and survey information, both the Public Defense Attorney (DA) and the County Attorney's Office (CAO) were able to promote public safety while protecting each participant's due process in respect to their own agency. Each agency was committed to Treatment Court and was willing to commit resources and time to the

Treatment Court program. The CAO was represented by one paid staff member, who committed a minimal of three hours per week to Treatment Court. The Public Defender's office contracted with an independent attorney to commit at least ten hours per week to Treatment Court. As the Treatment Court Program progressed, each office developed more buy-in for the program and each agency was almost always represented at weekly staffing. In addition to their primary roles relating to identification, referral, advocating for, and assisting with the entry of potential participants into Treatment Court, both agency representatives were active members of the Treatment Court Team and acted as advocates for their agency and the participant as well.

The Treatment Court Team was always lobbying for more participant referrals and expressed the need for both offices to communicate the overall benefits of Treatment Court to all eligible participants. These benefits included the potential for reduction in crime and drugs usage, enhanced affordable treatment opportunities, improved mental and physical health, social connections, and employment. This constant pressure for more referrals created frustration for both the Team and the CAO and DA, as both agencies expressed they were doing the best they could, however, it was difficult to generate the number of referrals the Team requested. During the first 36 months of operation (from January 2005 to December 2007) the 8JDTC received 156 referrals for potential participants from the County Attorney and Public Defenders Offices. Of these, 57 individuals (37%) were accepted and participated in Treatment Court for at minimum of two weeks. In their initial planning, the Treatment Court Team expressed a desire to enroll 40 participants per year. The Team never accomplished this goal. This was due to the limited number of referred eligible offenders as well as limited resources to manage

and treat 40 participants per year. The Team should continue to strive to meet this enrollment goal and determine methods to refer and treat 40 participants per year based on their limited resources.

NUMBER OF REFFERAL AND ENROLLED PARTICIPANTS		
Year	# of Referrals	# Enrolled
2005	59	21
2006	52	23
2007	45	13

Table 2: NUMBER OF REFFERAL AND ENROLLED PARTICIPANTS

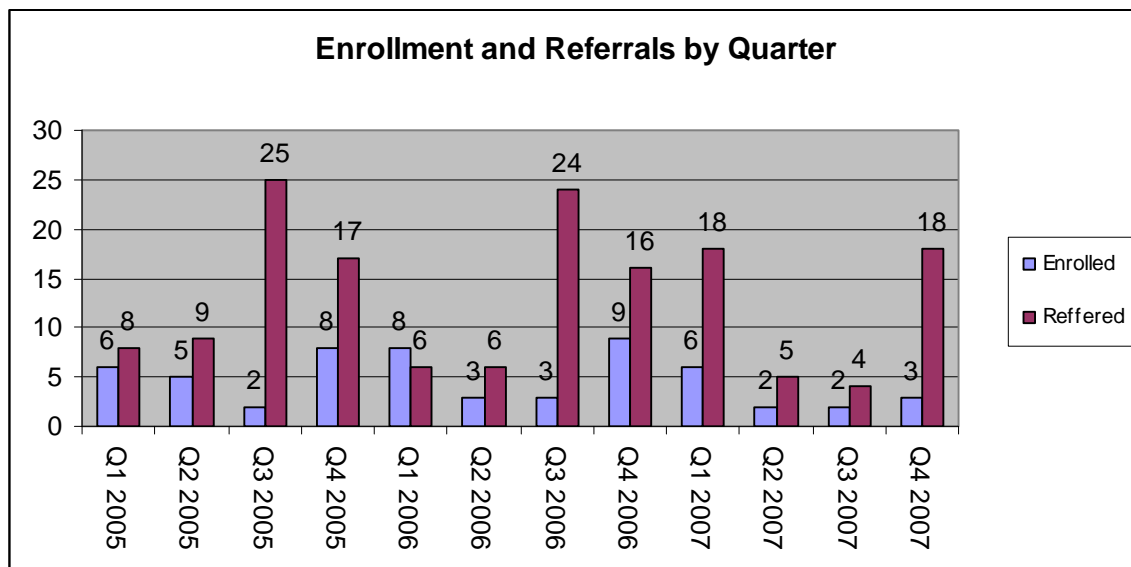


Table 3: ENROLLMENT AND REFERRALS BY QUARTER

Additionally, the Team and participants expressed a need for the Public Defender to spend more time with participants to clarify the Treatment Court process prior to the participant's enrollment in Treatment Court. This was communicated to the Defense Attorney and he began to take action to spend additional time with participants prior to enrollment to ensure every participant fully understood Treatment Court, the requirements and benefits of the program, as well as the Treatment Court procedures and processes. The Defense Attorney should continue to allocate appropriate time with each potential participant to ensure the participant understands the overall benefits and

requirements of the program.

The Public Defense Attorney (DA) and the County Attorney's Office (CAO) should continue to promote public safety while protecting each participant's due process in respect to their own agency. It is critical each agency continue to remain committed to Treatment Court and commit resources and time to the Treatment Court program.

Component 3: Eligible participants are identified early and promptly placed in the Drug/Treatment Court program.

Initially, the Treatment Court Team planned to enroll participants very quickly after legal eligibility determination (within five business days). However, this enrollment period was extended as it was not feasible to enroll participants as quickly as initially determined. The Team agreed to enroll participants as *quickly as possible*, given all the necessary steps, court processes, and behavior screening assessments needed to enroll participants.

On average, enrollment occurred 84 days after initial referral (minimum number of days =12, maximum number of days=279). This was higher than most other drug courts which ranged from 3-90 days for pre-plea offenders and 1 day-3 weeks post-plea post adjudication. This long enrollment time was not optimal for the Treatment Court Program and had been the focus of many weekly staffing discussions. Often times, a participant would remain 'in-cue' to enroll in Treatment Court, however, very little progress would be made to take the necessary steps to enroll participants from week to week. This was due to a variety of different reasons which included missed appointments, paperwork issues, and basic court processes that take many days or weeks to complete.

Usually treatment and drug courts show evidence of decreasing the days from

enrollment to referral as the program progresses, however, 8JDTC was actually reverse this trend and it appeared to take longer to enroll participants three years into the program than when the program was in it's infancy. Although the Team was aware of this problem, the Team members should continue to strive to enroll participants quickly into the program. This would not only get participants into treatment quicker but it would also reduce the number of new offenses that are often times committed by referred offenders during this time period.

It is important to point out, however, participants were enrolled in treatment services almost immediately upon entering Treatment Court, less than 7 days, which often times is not the feasible with other drug courts. Both Treatment Agencies should be commended for their commitment to Treatment Court as both had long waiting lists, yet both had identified Treatment Court as a priority.

Component 4: Drug/Treatment Courts provide a continuum of alcohol, drug, and other related treatment and rehabilitation services.

The Eighth Judicial Treatment Court provides a continuum of drug and alcohol treatment services. A variety of treatment services were available to Treatment Court participants throughout the program as demonstrated in Table 4 and 5. All Team members reported diverse specialized treatment services effectively meet each participant's individual needs and the Treatment Providers effectively update Team members on participant's progress in weekly staffing on a regular basis.

Initially, each participant's overall Treatment Plan progression was not correlated to his/her phase progression, outside of general compliance with session requirements. It was unclear to many Team Members if a participant was progressing towards completing

his/her Treatment Plan. However, as Treatment Court progressed, the Treatment Court Team stressed the importance of Treatment Court phase progression and Treatment Plan progression to be integrated. The Treatment Providers began to communicate to the Team, during weekly staffing, participant's progress relating to his/her Treatment Plan. Treatment Plan progression or lack of progression, based on the Treatment Provider's updates, was taken into consideration when a participant was considered for phase advancement. It is important to note, all participants completed their Treatment Plan before graduating from Treatment Court.

One area that could be improved relating to treatment services is enhancing family participation in family service programs offered through Treatment Court. To date, there have only been 13 reported family sessions assigned to all participants during Treatment Court.

Family participation was discussed on multiple occasions during Treatment Court, and as mentioned in the family services section of the outcome evaluation. The rationale for not requiring more family sessions through the Treatment Plan was Treatment Providers could not 'force' family members to attend family sessions. The Treatment Providers noted their agencies offered a variety of optional services available to Treatment Court participants and their families; however family members were not required to attend these services and some family members did not utilize these services. It was evident during Treatment Court weekly staffings, however, some family members were voluntarily participating in the services through the agencies. This information was occasionally informally mentioned to the Team at the weekly staffings. It is recommended if family members voluntarily participate in family services offered

through Treatment Court treatment agencies, and the Treatment Court Team members of aware of the participation, the agencies should report this information to the Team during weekly staffing.

To continue to provide a comprehensive Treatment Court program, the Team should communicate with and encourage participants and their families to participate in family services offered to them through Treatment Court. If a participant's family member does voluntarily participate in a service offered through Treatment Court, and the treatment agency team member is aware of it, the agency should report this to the Team.

Even though there were a variety of internal and external benefits and motivations available through Treatment Court, participants valued the treatment portion of Treatment Court. Forty-six percent of participants and 83% of graduates reported without substance abuse treatment they would not remain in Treatment Court, even if they received all the other benefits of participating in Treatment Court. Many participants were eager to speak about the importance of treatment and their counselors as they progressed through Treatment. For example, one participant reported, *“The counselors helped me deal with and accept the deaths and hardships in my family and taught me about my co-dependency and not being the victim. I am very grateful for the services they provided”*.

The table below describes the two contracted Treatment Providers in more detail

TYPES OF TREATMENT OFFERED TO TREATMENT COURT PARTICIPANTS		
Types of Treatment Programs for Drug Courts With Dedicated Services	Percent Of Sample Drug/ Treatment Courts With Specific Treatment Available	Available in 8JDTC
Residential Treatment	92%	Yes
Intensive Outpatient/Outpatient	93%	Yes
Detoxification	82%	Yes
Alcohol and Other Drug Education	82%	Yes
Methadone Maintenance	39%	Yes
Other Pharmacological Interventions	25%	Yes
Prison- or Jail-Based Therapeutic Community	39%	Yes
Community-Based Therapeutic Community	51%	No
Acupuncture	32%	No
Self help	93%	Yes
Relapse Prevention	85%	Yes
MRT	NO DATA	Yes

Table 4: TYPES OF TREATMENT OFFERED TO TREATMENT COURT PARTICIPANTS

TREATMENT MODALITIES FOR DRUG COURTS		
Cognitive Behavioral	71%	Yes
Criminal/Corrective Thinking	46%	Yes
Behavior Modification	64%	Yes
<p>Peyton, Elizabeth A., and Robert Gossweiler, PhD, "Treatment Services in Adult Drug Courts: Report on the 1999 National Drug Court Treatment Survey, Executive Summary," Drug Courts Program Office, Office of Justice Programs, US Dept. of Justice, and the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, US Dept. of Health and Human Services (Washington, DC: US Dept. of Justice and US Dept. of Health and Human Services, May 2001).</p>		

Table 5: TREATMENT MODALITIES FOR DRUG COURTS

Component 5: Abstinence is monitored by frequent alcohol and other drug testing.

From January 1, 2005 through December 31, 2007 approximately 6043 random

drug tests were ordered through the 8JDTC program. Of these tests 94.7% (n=5725) were negative, 3.7% (n=223) were positive, 1.5% (n=93) were no shows, and two participants refused to take two tests. In addition, the 8JDTC completed 558 home visits, conducting a breathalyzer at every visit. If a test indicated a positive result, the test would be sent for confirmation before a sanction would be applied.

During participation in Treatment Court, graduates averaged 136 random drug tests during Treatment Court and terminated participants averaged 69.7 random drug tests before termination. All participants in the 8JDTC began taking three drug tests per week and if a participant progressed in the program, the number of required random drug tests reduced. Based on data from American University National Drug Court Survey, the drug testing procedures utilized in the 8JDTC were very similar to other drug courts². As with other programs, all participants were randomly tested for the use of alcohol and other drugs on a random schedule with decreasing frequency during subsequent phases as the participant progresses in the program.

AVERAGE DRUG TESTS BY STATUS PER PARTICIPANT				
Status	Drug Test Ordered	Average Negative Tests	Average Positive Tests	Average No Shows
Enrolled	114.0	108.5	4.7	0.8
Graduated	136.4	133.2	2.0	1.2
Terminated	69.7	57.7	3.9	3.7

Table 6: AVERAGE DRUG TESTS BY STATUS PER PARTICIPANT

Table 7 demonstrates the average number of drug tests administered to each participant by phase. As expected the number of drug tests administered and the number of positive drug tests decreased as a participant progressed through the program. A confirmed positive test always resulted in a response from the Team, and the response was not different to a positive test for alcohol than to a positive test for other drugs. As a

participant progressed through Treatment Court, the sanctions for positive tests were harsher as each participant should be further along with his/her treatment and should not be testing positive for drugs and alcohol. Often times, a positive test would cause phase demotion as this indicated a participant was not ready for the later phases.

DRUG TESTS BY PHASE				
Phase	Number Drug Tests Ordered	Number of Negative Tests	Number of Positive Tests	Number of No Shows
I	29.8	26.0	2.1	0.9
I-2** Participants who were demoted back to Phase I for non-compliance	15.3	11.3	4.0	0.0
II	45.4	43.3	1.2	0.7
III	33.8	33.1	0.6	0.1
IIIa	9.7	9.7	0.0	0.0
IIIb	11.3	11.0	0.2	0.0
IV	4.8	4.7	0.1	0.0
IVa	4.6	4.1	0.1	0.0
IVb	8.4	8.4	0.1	0.0
M	6.1	5.9	0.1	0.1

Table 7: DRUG TESTS BY PHASE

Throughout Treatment Court, many Treatment Court Team Members were concerned about the effectiveness of the Treatment Court drug testing methods to evaluate alcohol use. At one point in Treatment Court, 50% of Team members and even some participants (10%) reported alcohol testing did not effectively monitor alcohol use. The Team considered multiple methods to monitor alcohol use more effectively including SCRAM, ETG, and home visits. After careful evaluation of these drug testing methods, the Team chose to increase the number of random home visits conducted in Treatment Court. After December 2006, the average number of home visits increased from 2.6 per month (before 12/1/2006) to 41 per month (after 12/1/2006).). Additionally, after attending the National Association of Drug Court Professionals Annual Conference and learning about the effectiveness of ETG testing, 8JDTC began conducting random and targeted ETG

testing. This was a success as the only 0.5% of tests were positive in the final quarter of this evaluation, since ETG was implemented, which is lower than any of the other quarter. Although some of the Team Members still expressed concerns about effectively monitoring alcohol use, most Team Members were comfortable with current procedures and realized time and resources should be devoted to “treating” participants, rather than devoting too many resources and money to ‘*catching participants*’ when they use.

The Team should continue to use and research the best practice alcohol and drug detection methods to promote abstinence. Additionally, the Team should continue to work with Treatment Providers to help participants cope and treat their addictions. While Treatment Court responsibilities do encompass the monitoring of clients for abstinence, one must be careful not to get caught up in the "gotcha" game. Team Members must remember, drug testing is only one tool for identifying relapse. Treatment courts should be collecting behavioral data and other client information and evaluating the entire client profile in order to determine an individual's compliance/success with the program³.

Component 6: A coordinated strategy governs drug court responses to participants' compliance.

Sanctions and incentives were the standard response to 8JDTC participant's compliance and non-compliance to the program requirements. The Judge made the final decision when deciding if and what sanctions and incentives to impose for certain behaviors; however, Team Member's input was always welcome, discussed and taken into consideration prior to administering a sanction and incentive.

The Team had developed a standardized response to noncompliance and compliance. This response was based on a continuum of behaviors, as well as the participant's phase, and was outlined in the policy and participant manuals. The ratio of

behaviors to sanctions or incentives was a one-to-one, or for every action of compliance or noncompliance, at least one incentive or sanction was administered.

The magnitude of the sanction or incentive was proportional to the precipitating incident and the participant's behaviors. Sanctions were generally more harsh for new offenses, multiple drug tests, lying to the Judge about use and behavior, and if a participant was in the final two phases of Treatment Court. The Judge and Team would occasionally utilize additional sanctions or incentives that were more effective for multiple incidents of noncompliance or if an incentive or sanction was more effective for a certain participant. The Team realized sanctions and incentives may have completely different effects depending upon the situation and offender.

Since January 1, 2005 Treatment Court has issued 1442 incentives and 621 sanctions. This was an incentive to sanction ratio of 2.3 : 1. Although there has not been research indicating the most effective ratio of incentives to sanctions, Treatment and Drug Courts have had general incentive to sanction ratio recommendations ranging from 1:1 to 10:1. Douglas Marlowe, J.D. Ph.D. Chief of Science, Policy & Law for the National Association of Drug Court Professionals, recommends at least 1:1 incentive to sanction ratio, as for every infraction there is a corresponding achievement. For example, if a client can be sanctioned for failing to attend treatment, then he or she should also be able to earn a reward for attending treatment.⁴ This is similar to the 8JDTC as responses are delivered for every infraction and achievement.

As Table 9 indicates, however, each participant may receive more than one incentive or sanction each week. When all incentives and sanctions were taken into account, the Treatment Court issued 2,291 incentives and 1,447 sanctions. This equated

to 2.3 sanctions for each weekly negative behavior that warranted a sanction, and 1.6 incentives for every weekly behavior that warranted an incentive.

NUMBER OF SANCTIONS AND INCENTIVES Not including multiple sanctions/incentive each week	
Sanctions	621
Incentives	1442

Table 8: NUMBER OF SANCTIONS AND INCENTIVES

TOTAL NUMBER OF SANCTIONS AND INCENTIVES Including multiple sanctions/incentive each week	
Sanctions	1447
Incentives	2291

Table 9: TOTAL NUMBER OF SANCTION AND INCENTIVES

The most common incentive was verbal praise from the Judge, followed by applause, phase advancement and gift/memento. If a participant was rewarded for his/her compliance, he/she would always receive verbal praise from the Judge. Often times, verbal praise was the only incentive given. If a participant advanced a phase or complied with an additional requirement (i.e. made all calls in a week, thus calls were reduced), then additional incentives were given.

MOST COMMON INCENTIVES	
Incentive	Number
Verbal praise	1442
Applause	360
Phase advancement	246
Gift/memento"	140

Table 10: MOST COMMON INCENTIVES

The most common sanction was verbal admonishment from the Judge. Unlike incentives, participants almost always received an additional sanction(s) along with verbal admonishment. The second most frequent sanction was jail sentences, followed by community service, and monetary sanctions.

MOST COMMON SANCTIONS	
Number	Sanction
Verbal Admonishment	621
Jail Sanction	240
Community Service	121
Monetary Sanction	106

When looking specifically at jail as an incentive, on average terminated participants spent about 41 days in jail (minimum number of days in jail per participant = 0, maximum number of days in jail per participant =104) during their enrollment in treatment in comparison to graduated participants who spent about 5.5 days in jail during Treatment Court (minimum number of days in jail per participant =0, maximum number of days in jail per participant = 54).

PARTICIPANTS JAIL TIME BASED ON STATUS			
Status	Number of participants who spent at least one day in jail	Average Total Number of Days in Jail Per Participants	Number of participants without jail time
Graduated	5 (of 12)	41.2 days	7
Terminated	13 (of 15)	5.5 days	2
Enrolled	24 (of 30)	31.9 days	6

Table 11: PARTICIPANTS JAIL TIME BASED ON STATUS

The Team should continue to utilize creative and rewarding incentives as a powerful tool for reinforcing good behavior. Based on information from the process evaluation surveys, participants believed the sanctions and incentives were effective and fair. Participants identified positive recognition, phase advancement and reinforcement from the Judge as the most effective incentives.

The Team should also continue to utilize sanctions that may deter participants from non-compliance with Treatment Court. Although participants reported that jail time

was the sanction he/she 'liked the least', it was also identified as the most effective sanction. It has also been identified as one of the largest deterrents of "using again" as many participants have voiced their concerns about 'the high likelihood of getting caught' and getting with punished with jail time and potentially demoted or delayed in the Treatment Court Process.

The entire Treatment Court Team should continue to work closely with the Treatment Providers and accept the premise that relapse is part of recovery. Although the Team should respond quickly and productively when compliance or non-compliance occurs the whole Team must understand that relapse is part of recovery and sanctions should not be administered that will be detrimental to the overall treatment process.

In terms of treatment, it is important to understand each participant's needs and advocate for agencies that can provide participants with what they need to succeed. When noncompliance occurs, it is important to focus on whether the noncompliance is a treatment issue – e.g., need for different or more appropriate treatment -- as opposed to a compliance issue. The questions that must be asked are: If treatment is not working, why not? Or if it isn't treatment related: Why is the participant not complying with Treatment Court and what can the treatment services providers in partnership with the criminal justice agencies do to assist the participant in succeeding in Treatment Court? All team either in corrections or in treatment services must understand the connection and how collaboration and understanding why a participant did not comply with the requirements of the program affects the entire system. A dichotomy relating to treatment and sanctioning cannot exist between the treatment service providers and correction

institutions or Treatment Court will not successfully move participants through the program.

Component 7: Ongoing judicial interaction with each drug court participant is essential.

The 8JDTC's Judge's role was critical to each Treatment Court participant's success. All Team members and the Treatment Court participants agreed the Judge was very committed and participated fully as the leader of the Treatment Court program. The Judge took pride and ownership of the Treatment Court Program and developed a positive judicial relationship with each participant. This was confirmed as information from the process evaluation indicated all Team members agreed the Judge developed a working relationship with each participant, monitored their progress, and addressed personal and ancillary issues without losing the aura of judicial authority.

Additionally, the participants and graduates valued the Judge and the positive interactions with the Judge. Praise and positive acknowledgement from the Judge has consistently been identified as one the most helpful parts of Treatment Court and in some cases the participants appreciated the positive acknowledgement from the Judge more than gift cards and gifts. As one participant identified in his/her exit evaluation survey, *"The Judge gave me great inspiration to want to change."*

Based on surveys from participants and graduates, 64% of participants and 80% of graduates would not remain in Treatment Court if he/she appeared before different Judges. All of the graduates stated he/she would not remain in Treatment Court or if he/she did not appear before a Judge at all, or if he/she appeared before the Judge less frequently. This is consistent with other literature which states offenders value personal

attention from the Judge and this attention was the most important influence in their drug court experience.⁵

The Judge should continue to develop a working relationship with each participant, monitor their progress, and address personal and ancillary issues without losing the aura of judicial authority.

Component 8: Monitoring and evaluation measure the achievement of program goals and gauge their effectiveness.

The evaluation was a critical component of the Treatment Court Program and progressed as the Treatment Court Program progressed. The purpose of conducting an in-depth process, outcome, and cost-avoidance evaluation was to track the program's goals and objectives, identify strengths and challenges of the Treatment Court, and if needed identify potential strategies to improve the effectiveness of the program.

All Team Members were supportive of the evaluation and participated in the evaluation. The data in the weekly staffing reports, as well as a variety of other data from the Team Members was gathered and inputted into a database and analyzed monthly. Each Team Member contributed their professional services and insight to the program and were willing to gather and share information if it was necessary and appropriate.

On a monthly basis, the independent evaluator would attend the monthly staffing to not only observe the program, but also present information and highlight strengths and areas that could be improved. The Treatment Court Team was very willing to incorporating recommended changes to improve the program, if needed. For example, data from one process evaluations indicated a need for additional services to assist with Native American issues, as many of the Native American participants were not

complying with the program and were terminated from the program. The Treatment Court Program recruited a Native American liaison to attend weekly staffing and advocate for Native American participants and address special Native American issues as needed. None of the Native American participants were terminated after the liaison was recruited.

Not every change suggested was implemented or every piece of data could be tracked as the Team knew their Treatment Court program the best and sometimes changes were not feasible. However, the Team would always act in the Treatment Court and participant's best interest and knew what was feasible within their own community.

Additionally, if the evaluator requested additional information outside of the usual evaluation requests, the Team Members were flexible and willing to assist the evaluator to gather and collect the information. Each Team Member responded quickly to requests whether it was for a simple answer to a question, enhancing the data that needed to be tracked and helping finding the means for tracking the data, participating in one-on-one meetings, recruiting comparison group participants, or setting up participant focus groups. Even though this would often times create additional responsibilities and require additional time, the Team Members realized the value of the evaluation and were willing to respond.

The evaluator, with the Teams help and support, was able to add more effective means for tracking components that were critical to monitor the overall progress of Treatment Court which included:

- The Treatment Court processes and dates for offenders before they enter the program (Treatment Providers, Defense Attorney, Administrator and

Judge),

- Criminal histories and citations (Police Department),
- New employment (Case Manager and Judge's staff),
- Referrals to ancillary services (Case Manager),
- Methods for following participants after terminating from Treatment Court (Pre-Release),
- Restitution payments (Probation Officer),
- Jail time in the middle of the week (Police Department), and
- Referrals to the program (County Attorney).

The Team should continue to monitor and track participants as they enter Treatment Court and progress through the program. Although the data that is collected does not need to be as in-depth as it has been over the past three years, it is still important to monitor the key components of Treatment Court such as drug use, compliance, citations, criminal history, etc., to identify trends that may assist in improving the program if needed. The Team has incorporated an on-line database to track participant progress, the Team should work out the 'kinks' in this database and incorporate it as not only a weekly staffing tool but an easy tool to evaluate the overall progress of the program.

Component 9: Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.

Since January, 1 2005 one of the primary means of advancing the Treatment Court Program was through incorporating best practice principles and procedures learned through treatment and drug courts training and educational opportunities. Continuing

education opportunities related to treatment and drug court practices were always a priority for Treatment Court Team Members. The Judge and Treatment Court Administrator welcomed and encouraged Team Members to stay up-to-date on best Drug and Treatment Court practices relating in each Team Member's area of expertise.

Each member had the opportunity to attend the National Association of Drug Court Professionals (NADCP) annual conference from 2005-2008. Most Team Members attended once, and some Team Members choose to attend each year. If a Team Member attended the conference he/she would present the information he/she learned at the conference to the remainder of the Treatment Court Team. Often times, the principles learned at the conference would be incorporated into the Treatment Court program or would confirm practices the Team was doing correctly. Additionally, the Team also held in-services, if needed, based on the needs identified in the by the Treatment Court Team.

Montana is also hosting their First Annual Drug Court conference in August 2008. The administrator has been actively involved in planning this conference and practices and principles utilized in the Eighth Judicial District Treatment Court will serve as model practices for other Drug and Treatment Courts in Montana.

The Team should continue to incorporate training and educational opportunities into their program to stay up to date on best practices and emerging treatment and drug courts trends and principles.

Component 10: Forging partnerships among drug courts, public agencies, and community based organizations generates local support and enhances drug court effectiveness.

The Treatment Court Team Members were program advocates and utilized their

community leadership roles to create interest and develop support from their individual agencies as well as outside agencies for the program. The Case Manager and Treatment Providers referred Treatment Court participants to many outside organizations and a positive relationship was developed with many organization (see ancillary services in outcome evaluation for details). The 8JDTC Team utilized their data system and graduation, cost-avoidance, recidivism and process evaluation results to educate the Montana Legislature about the effectiveness of Treatment Courts in Montana. This resulted in approximately \$1.34 million appropriated to provide state funding to all of Montana's existing drug courts as many Montana drug courts will continue to lose their federal grant funding.

The Team should continue to form linkages with community groups to highlight and provide the public with information about the effectiveness of Treatment Court in the community. Conversely, the Treatment Court Team should stay informed about available community services and local problems. This will be very important when the 8JDTC will experience reduced funding from their federal grant and community members may be able to provide reduced or low cost time and materials to assist in maintaining program operations.

Exit Survey and Exit Interview

Before participants graduated from Treatment Court, each was asked to appear in front of the Team during a weekly staffing and also complete and exit survey. All twelve participants completed the survey. Overall, participants were very satisfied with the Treatment Court Process, the level of monitoring, and support provided by the different Team Members. Participants valued the overall all “Treatment Court experience” and

were grateful for the opportunity to not only remove their qualifying offense from their record, but also the opportunity to overcome their substance and mental health problems. Themes are discussed below:

What participants appreciated:

- **The chance to get their life back on track-** Some participants reported they were thankful for the chance to become more responsible and a better citizen in the community.
- **The Judge-** The Judge was frequently identified as an inspiration and participants report they wanted to please him as they believed he really cared about them.
- **The Treatment Providers** – Participants reported they were grateful for their counselors. Participants also report they appreciate the time for discussing their thoughts and feelings and finding alternatives for drug use.
- **MRT-** Participants reported this class was useful as it taught other ways to cope with problems instead of drugs and alcohol.
- **Accountability** – Participants appreciated how they were held accountable for all of their actions and were rewarded if they complied and sanctioned if they didn't comply.
- **Sobriety-** Many participants report that Treatment Court is the first time in many years that they have been sober and clean. As one participant reports “This is the first time in seventeen years I have been sober, I finally have a relationship with my family. Without Treatment Court, I would have never known what it is like to *live my life*. Thank you”.

- **Respect from Staff-** Most participants felt the Treatment Court staff always treated them respectfully and participants were grateful for the respect and understanding from the staff.
- **Ancillary Services-** Participants were thankful for ancillary services provided to them through Treatment Court. Some examples include help with transportation, housing, jobs, and medical health.

Recommendations/Dislikes from participants

- Participants would like the Team to provide more encouragement and referrals for more long term sobriety program like AA clubs or clean and sober clubs (i.e. the Bridge this teaches people of safe, sober group functions).
- Participants would like the home visits to occur later in the evening and would like a later curfew as they progress through the program.
- Participants report it is difficult to manage holding a full-time job if they were given a jail as a sanction. However, this also appears to deter participants from using as they realize if they got caught, they were likely to be incarcerated for a long period of time especially in the later phases of Treatment Court and would not be able to keep their job.
- Participants would like the Treatment Court Program to be more specific to what each individual needs. Some participants reported Treatment was too ‘generalized’ and the Team would not modify the program to meet participants needs (i.e. work and family schedules).
- Participants felt the sanctions would come in waves. If one participant ‘really messed up’ and that particular participant was one of the first participants to go in

front of the Judge during weekly staffing, the participants felt the sanctions could be worse for the rest of the participants who were sanctioned, regardless of the behavior.

- Some participants reported the two hour monthly meetings with Father Ted had been identified as repeat information and overcrowded.

Conclusions and Recommendations

While the Court experienced a number of challenges during its operation, observation from the evaluator, information from the MIS database, as well as Team Member and participant surveys indicated many of these issues have been resolved or partly resolved, resulting in an dynamic and effective Treatment Court program. The Eighth Judicial Treatment Court had a high degree of team integration and commitment, which was one of its strengths and has managed to effectively synchronize alcohol/drug treatment services with the justice case processing system. The program was built on best practice Drug and Treatment Court components and was able to incorporate training and educational opportunities into their program to stay up to date on best practices and emerging treatment and drug courts trends and principles.

The success of this program was dependent on the “give and take” of the Team that replaced the traditional adversarial system. Each participating agency was committed to Treatment Court, and was willing to commit resources and time to the Treatment Court program. The Treatment Court Team Members were program advocates and utilized their community leadership roles to create interest and develop support from their individual agencies as well as outside agencies for the program.

The 8JDTC's Judge's role was critical to each Treatment Court participant's success. The Judge took pride and ownership of the Treatment Court Program and developed a positive judicial relationship with the participants. The Eighth Judicial Treatment Court also provided a continuum of drug and alcohol treatment services and participants were enrolled in treatment services almost immediately upon entering Treatment Court, which often times is not the case with other drug courts. Both Treatment Agencies should be commended for their commitment to Treatment Court as both had long waiting lists, yet both had identified Treatment Court as a priority.

The number of drug tests administered to 8JDTC and the drug testing schedule was very similar to other drug courts, and the program effectively monitored drug use. The Treatment Court Team was also able to respond to a drug testing challenge (i.e. concern that alcohol use was not effectively monitored) in a way that was most effective based on efficacy of the testing methods and resources within the community. The Team had also developed a standardized response to noncompliance and compliance as defined in the policy and participant's manuals. This response was usually based on the behavior and the participant's phase. The magnitude of the sanction or incentive was usually proportionally consistent with the precipitating incident, and sanctions and incentives were measured in relation to participant behaviors.

The 8JDTC Team also utilized their data system and graduation, cost-avoidance, recidivism, and process evaluation results to educate the Montana Legislature about the effectiveness of Treatment Courts in Montana. During this session, approximately \$1.34 million was appropriated to provide state funding to all of Montana's existing drug courts

as many Montana drug courts will continue to lose their federal grant funding and need additional funding to continue providing their services.

To continue to operate effectively the Treatment Court program should continue to incorporate the following components into their Treatment Court Program

- The Team should continue to promote effective communication within the Treatment Court Team. Although, merging the alcohol/drug treatment services with the justice case processing system can be a challenge, it requires continuous commitment and determination on the part of the professional staff involved. Each agency must remain committed to the Treatment Court program and continue to maintain clear effective, open, and honest lines of communication.
- In terms of treatment, it is important to understand each participant's needs and advocate for agencies that can provide participants with what they need to succeed. When noncompliance occurs, it is important to focus on whether the noncompliance is a treatment issue – e.g., need for different or more appropriate treatment -- as opposed to a compliance issue. The questions that must be asked are: If treatment is not working, why not? Or if it isn't treatment related: Why is the participant not complying with Treatment Court and what can the treatment services providers in partnership with the criminal justice agencies do to assist the participant in succeeding in Treatment Court? All staff either in corrections or in treatment services must understand the connection and how collaboration and understanding why a participant did not comply with the requirements of the program affects the entire system. A dichotomy relating to treatment and sanctioning cannot exist between the treatment service providers and correction

institutions or Treatment Court will not successfully move participants through the program.

- Additionally, the Treatment Providers were focused on rehabilitation, but recognized that relapse was part of recovery. The Treatment Court Team should work closely with the Treatment Providers and accept the premise that relapse is part of recovery. Although the Team should respond quickly and productively the whole Team must understand that relapse is part of recovery and sanctions should not be administered that will be detrimental to the overall treatment process.
- The Public Defense Attorney (DA) and the County Attorney's Office (CAO) should continue to promote public safety while protecting each participant's due process in respect to their own agency. Each agency must remain committed to Treatment Court, and commit resources and time to the Treatment Court program. The Team should continue to look for ways to increase referrals and enrollment in the Treatment Court Program.
- The Team should continue to focus on decreasing the length of time from referral to enrollment into the Treatment Court Program.
- The Treatment program should advocate for and enhance family participation in family service programs offered through Treatment Court. The service providers should also report when participant's family members voluntarily attend services offered through their agencies.
- The Team should continue to use and research the best practice alcohol and drug detection methods to promote abstinence. Additionally, the Team should continue to work with Treatment Providers to help participants cope and treat

their addictions. While Treatment Court responsibilities do encompass the monitoring of clients for abstinence, one must be careful not to get caught up in the "gotcha" game. Team Members must remember, drug testing is only one tool for identifying relapse. Treatment courts should be collecting behavioral data and other client information and evaluating the entire client profile in order to determine an individual's compliance/success with the program.

- The Team should continue to utilize creative and rewarding incentives as a tool for reinforcing good behavior. Based on information from the process evaluation surveys, participants believed the sanctions and incentives were effective and fair. Participants identified positive recognition, phase advancement and reinforcement from the Judge as the most effective incentives.
- The Team should also continue to utilize sanctions that may deter participants from not complying with Treatment Court. Although participants report that jail time was the sanction he/she 'likes the least', it was also identified as the most effective sanction. It has also been identified as one of the largest deterrents of "using again" as many participants have voiced their concerns about 'the high likelihood of getting caught' and getting with punished with jail time and potentially demoted or delayed in the Treatment Court process.
- The Judge should continue to develop a working relationship with each participant, monitor their progress, and address personal and ancillary issues without losing the aura of judicial authority.
- The Team should continue to incorporate training and educational opportunities into their program to stay up to date on best practices and emerging treatment and

- The Team should continue to monitor and track participants as they enter Treatment Court and progress through the program. Although the data that is collected does not need to be as in-depth as it has been over the past three years, it is still important to monitor the key components of Treatment Court, drug use, compliance, citations, criminal history, etc., to identify trends that may assist in improving the program if needed. The Team has incorporated an online database to track participant progress, the Team should work out the ‘kinks’ in this database and incorporate it as not only a weekly staffing tool but an easy way to evaluate the overall progress of the program.
- The Team should continue to form linkages with community groups to highlight and provide the public with information about the effectiveness of Treatment Court in the community. Conversely, the Treatment Court Team should stay informed about available community services and local problems. This will be very important when the 8JDTC will experience reduced funding from their federal grant and community members may be able to provide reduced or low cost time and materials to assist in maintaining program operations.

¹ Marlow, Doug. (2007). *Incentives And Sanctions The Informed Use Of Responses To Motivate Participant Behavior*. Presented at the Annual MADCP Conference. Retrieved on July 14, 2007 from <http://www.courts.mo.gov/file/Incentives%20and%20Sanctions%20MADCP%202007.pdf>

² Cooper, C. (2000). *2000 Drug Court Survey Report: Program Operations, Services And Participant Perspectives*. Retrieved 2007 from <http://spa.american.edu/justice/publications/execsum.pdf>

³ Paul Carey (Personal communication, February 26, 2007)

⁴ Douglas Marlowe (Personal communication, August 17, 2008)

⁵ National Institute of Justice. (2001) *Drug Courts: The Second Decade*. CJ 21108, Washington, DC: U.S. Department of Justice.